



September 10, 2025

The Honorable Tom Davis  
Chairman, Subcommittee of the Medical Affairs Committee  
The Senate of South Carolina  
Suite 412, Gressette Office Building  
P.O. Box 142  
Columbia, South Carolina 29202-0142

**RE: ATA ACTION OPPOSITION TO SENATE BILL 453**

Dear Chairman Davis and members of the Subcommittee of the Medical Affairs Committee

On behalf of ATA Action, I am writing you to comment and express our concerns with Senate Bill 453 regarding teledentistry and encourage you not to advance this legislation.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services – including teledentistry – across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

First and foremost, ATA Action has broad concerns with the proposed definition of “bona fide relationship” in Section 40-15-520 of the proposed legislation, which requires a licensee to conduct an in-person examination before a patient-provider relationship can be established. This requirement directly contradicts the Telehealth Section of South Carolina Code of Laws Title 40 Chapter 42, which clearly states (in Section 50-42-20(C)(2)) that licensees who establish or maintain a licensee-patient relationship solely via telehealth shall “provide an appropriate evaluation before providing health care to the patient, *which need not be done in person*, if the licensee determines he is able to appropriately provide health care to the patient via telehealth in conformity with the same standard of care required for in-person care;” (emphasis added). There is no clinical justification for this requirement which would significantly limit access to teledentistry care at the cost of patient flexibility, time and personal cost. Many South Carolina patients would no longer have access to innovative new dental technologies or other services using teledentistry platforms.

Restriction of access to teledental care is important because many counties in South Carolina lack an adequate number of brick-and-mortar dental offices with the Health Resources and Services Administration identifying all but six of South Carolina counties as having at least a partial shortage of dental care professionals.<sup>1</sup> This legislation would exacerbate this problem by forcing patients to find new

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<sup>1</sup> Rural Health Information Hub, Health Professional Shortage Areas: Dental Care, by County: South Carolina. <https://www.ruralhealthinfo.org/data-explorer?id=208&state=SC>



care providers or potentially travel a great distance for routine or even unnecessary care that could have been conducted virtually. While we acknowledge that there are situations in which the standard of care for the condition presented by the patient cannot be met through telehealth modalities, we believe the blanket requirement of an in-person exam prior to providing services to a patient through teledentistry is severely limiting. In these instances, it is the responsibility of the provider to take steps to treat the patient in-person or direct them to seek other treatment that does meet the standard of care.

SB 453 includes a further provision, in Section 40-15-530, which allows for the establishment of a relationship with a patient through teledentistry for the purposes of emergent care, in connection with a public health program or to make a diagnosis of a malposition of teeth and determine the need for an orthodontic appliance. While these exceptions to in-person physical examination requirements appear positive, they are undermined by the fact that an in-person visit is necessary before a patient can use an orthodontic appliance. Additionally, these two different processes for establishing a patient-licensee relationship, one “bona fide” and the other not, will create significant confusion for licensees offering teledental care and patients seeking care. Curiously, SB 453 would still allow licensees connected with a public health program to establish patient relationships through teledentistry without an in-person examination and in non-emergent situations. Are teledentistry services offered through public health programs less safe than teledentistry services offered by South Carolina licensed dentists over competitive market, for-profit teledentistry platforms?

Importantly, our organization believes that licensed practitioners should be able to utilize the full range of available telehealth technologies while delivering virtual care, so long as the technologies being used are appropriate to meet the standard of care for the condition presented by the patient. We agree with the *Federation of State Medical Boards* that it should be practitioners, relying on their extensive education and clinical experience, who should have the ability to determine if treatment can be conducted via telehealth or in-person. Enacting this policy would treat teledentistry providers differently than in-person providers and put unrealistic requirements on teledentistry patients and providers. State governments should seek to empower licensed providers to be able to offer patients safe access to the full market of available healthcare services, rather than arbitrarily pick winners and losers.

Additionally, the informed consent requirements outlined in Section 40-15-560 of SB 453 unfairly discriminate against teledentistry providers by imposing obligations not required of licensees conducting in-person services. Specifically, the rule mandates that teledentistry providers disclose a list of services and any limitations, provide detailed information about the qualifications of the licensee delivering care, outline precautions for emergencies or technological failure and include any other information that may be prescribed later by regulation. These additional burdens create an uneven regulatory landscape that treats virtual providers as inherently less capable than their in-person counterparts, despite offering the same standard of care. Moreover, the proposals around informed consent are inconsistent: within the Section 40-15-550, providing any and all information about the licensee’s qualifications is “upon request of the patient;” however, Section 40-15-560 states that this information must be provided in order to obtain informed consent. This only serves to create confusion about a licensee’s obligations for providing services via teledentistry and further reinforces the arbitrary nature of the proposed requirements.

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To confound this confusion, Section 40-15-570 includes the requirement that “except in situations requiring emergency treatment, a dentist of record is required for all patients being treated through teledentistry. The dentist of record will remain primarily responsible for all of the patient's dental treatment, regardless of whether treatment has been delegated to a teledentistry provider.” The term “dentist of record” is not defined in this legislation, included in any other section and does not appear in the South Carolina Code of Laws at all. We recommend removing this requirement entirely to prevent confusion from telehealth providers. Should this requirement remain in the bill, significant clarity is required on the qualifications, roles and responsibilities of dentists of record as it related to teledental care.

Furthermore, ATA Action is troubled by provisions of Section 40-15-580 that would mandate dental providers adopt clinical recommendations in advertising which they may feel are inaccurate. This section would put into law an unprecedented mandate limiting the speech of telehealth providers. Not only is this restriction on speech not based on clinical evidence, it is blatantly anticompetitive and protectionist in favor of traditional, dental operators who are wary of new innovative and cost-effective teledentistry applications. South Carolina providers should not have their free speech limited and South Carolina patients should not be subject to advertisements shaped by anti-competitive policies that could unduly influence how they seek the care that they want and need. In the best interest of patients and providers, South Carolina should avoid dictating what licensed doctors, dentists, and other professional health providers are allowed to say in advertising related to otherwise subjective clinical determinations.

Finally, SB 453 would require dentists to give patients their “physical practice address” to patients prior to the teledentistry encounter. However, although all teledentistry dentists seeing patients in South Carolina must be licensed, not all of them will have a South Carolina physical practice address or may be delivering teledentistry services from a home office, therefore possibly requiring dentists to divulge a personal property address. ATA Action discourages such an outcome as a risk to provider safety. Instead, ATA Action would recommend the legislation require providers only need disclose a “business address” at which patients can send any written communications.

In conclusion, this legislation places several unrealistic, anti-competitive, and arbitrary restrictions on the delivery of teledentistry services. We encourage you to consider how reducing access to convenient, safe, and often less costly teledentistry services will affect patients, particularly those in rural and underserved communities. If this bill were to pass, the ability of teledentistry providers to operate in South Carolina would be severely curtailed, further limiting patient options.

We encourage you and your colleagues not to advance this legislation in order preserve access to teledentistry for South Carolina patients. Thank you for the opportunity to comment on this legislation. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in South Carolina. If you have any questions or would like to engage in additional discussion regarding the telehealth industry’s perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zee", is written over a light blue circular background.

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